

Candidate  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
2010 Non-Judicial Election

RECEIVED

JAN 26 2011

Secretary of State  
Capitol Office  
DATE STAMP

Name of Candidate HARVEY A. FILLINGANE  
 Address 241 FILLINGANE RD, SUMRALL MS 39482  
 Telephone 601-264-9866 Fax \_\_\_\_\_  
 Contact Name HARVEY FILLINGANE Email hfillingane@hosemann.ms.gov  
 Office Sought STATE REPRESENTATIVE Political Party REPUBLICAN

☐ Check here if above is different from previous report

**TYPE OF REPORT**

\_\_\_\_ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory  
 \_\_\_\_ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates  
 \_\_\_\_ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates  
 \_\_\_\_ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates  
 ✓ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and  
 Political Committees

\_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 1950 <sup>00</sup>	\$ 1950 <sup>00</sup>	\$ 1950 <sup>00</sup>
Total amount of disbursements	\$ 350 <sup>00</sup>	\$ 350 <sup>00</sup>	\$ 350 <sup>00</sup>
Total amount of cash on hand		\$ 2648.64	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Harvey A. Fillingane  
Signature of Candidate

1-26-2011  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.  
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Harvey A. Fillingame

Page

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of

2

Reporting period

1-1-2016

through

12-31-2016

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name G.P. FINANCIAL MANAGEMENT LLC		12/23/10	\$ 250 <sup>00</sup>
Mailing Address P.O. Box 16270		— / — / —	\$
City, State, Zip Code Phoenix, AZ 85082-1270		— / — / —	\$
Name of Employer (Required)		— / — / —	\$
Occupation (Required)		Aggregate year-to-date	\$ 250 <sup>00</sup>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name CAPITOL ADVOCACY GROUP PAC; the CLAY FIRM		12/23/10	\$ 250 <sup>00</sup>
Mailing Address 623 N. STATE ST. Suite 201 P.O. Box 217		— / — / —	\$
City, State, Zip Code TACKSON MS. 39205-0217		— / — / —	\$
Name of Employer (Required)		— / — / —	\$
Occupation (Required)		Aggregate year-to-date	\$ 250 <sup>00</sup>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS. POWER CO. STATE PAC		12/30/10	\$ 300 <sup>00</sup>
Mailing Address 2992 W. BEACH BLVD, P.O. Box 4079		— / — / —	\$
City, State, Zip Code GULFPORT MS. 39502-4079		— / — / —	\$
Name of Employer (Required)		— / — / —	\$
Occupation (Required)		Aggregate year-to-date	\$ 300 <sup>00</sup>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		— / — / —	\$
Mailing Address		— / — / —	\$
City, State, Zip Code		— / — / —	\$
Name of Employer (Required)		— / — / —	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee HARVEY A. FILLINGANE  
 Reporting period 1-1-2010 through 12-31-2010

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>HATTIESBURG CLINIC Healthcare Policy Comm</u>	<u>4-1-2010</u>	\$ <u>500<sup>00</sup></u>
Mailing Address <u>P.O. Box 17739</u>	<u>  </u> <u>  </u> <u>  </u>	\$
City, State, Zip Code <u>HATTIESBURG, MS 39404</u>	<u>  </u> <u>  </u> <u>  </u>	\$
Name of Employer (Required) <u>  </u>	<u>  </u> <u>  </u> <u>  </u>	\$
Occupation (Required) <u>  </u>	Aggregate year-to-date	\$ <u>500<sup>00</sup></u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>A.J. &amp; T. MS. PAC</u>	<u>9-1-2010</u>	\$ <u>200<sup>00</sup></u>
Mailing Address <u>175 EAST CAPITAL ST. Room 203</u>	<u>  </u> <u>  </u> <u>  </u>	\$
City, State, Zip Code <u>JACKSON MS 39201</u>	<u>  </u> <u>  </u> <u>  </u>	\$
Name of Employer (Required) <u>  </u>	<u>  </u> <u>  </u> <u>  </u>	\$
Occupation (Required) <u>  </u>	Aggregate year-to-date	\$ <u>200<sup>00</sup></u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAE PAC STATE FARM</u>	<u>11-20-2010</u>	\$ <u>200<sup>00</sup></u>
Mailing Address <u>6555 Hwy 98 W.</u>	<u>  </u> <u>  </u> <u>  </u>	\$
City, State, Zip Code <u>HATTIESBURG, MS 39402</u>	<u>  </u> <u>  </u> <u>  </u>	\$
Name of Employer (Required) <u>  </u>	<u>  </u> <u>  </u> <u>  </u>	\$
Occupation (Required) <u>  </u>	Aggregate year-to-date	\$ <u>200<sup>00</sup></u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>EN PAC MISSISSIPPI</u>	<u>12-13-2010</u>	\$ <u>250<sup>00</sup></u>
Mailing Address <u>F.I.C. #C00363879 P.O. Box 1640</u>	<u>  </u> <u>  </u> <u>  </u>	\$
City, State, Zip Code <u>JACKSON MS 39215-1640</u>	<u>  </u> <u>  </u> <u>  </u>	\$
Name of Employer (Required) <u>  </u>	<u>  </u> <u>  </u> <u>  </u>	\$
Occupation (Required) <u>  </u>	Aggregate year-to-date	\$ <u>250<sup>00</sup></u>

Name of Candidate or Committee

HARVEY A. FILLINGANE

Reporting period

JAN 1 2010

through

DEC 31 2010

## ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Hattiesburg Moose Lodge</u>	<u>8/21/10</u>	\$ <u>125<sup>00</sup></u>
Mailing Address		
<u>FRONT ST. HATTIESBURG MS 38401</u>		
City, State, Zip Code		
<u>HATTIESBURG, MS</u>	<u>1-1-</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>125<sup>00</sup></u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>PAHAZZO FOR CONGRESS</u>	<u>9/14/10</u>	\$ <u>200<sup>00</sup></u>
Mailing Address		
City, State, Zip Code		
	<u>1-1-</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>200<sup>00</sup></u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>1-1-</u>	\$
Mailing Address		
City, State, Zip Code		
	<u>1-1-</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>1-1-</u>	\$
Mailing Address		
City, State, Zip Code		
	<u>1-1-</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>1-1-</u>	\$
Mailing Address		
City, State, Zip Code		
	<u>1-1-</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>1-1-</u>	\$
Mailing Address		
City, State, Zip Code		
	<u>1-1-</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$